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STERNE, KESSLER, GOLDSTEIN & FOX P.L.L.C. 1100 NEW YORK AVENUE, N.W. WASHINGTON, DC 20005				Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	R A	TTORNEY DOCKET NO.	CONFIRMATION NO.
10/700,234	11/04/2003		Peter G. Brown		1606.0010003	3751
TITLE OF INVENTION: TIME LINES			on this Modeling o	, MEMOLACIONIN	O PACIEITIES USING	PROCESS
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE F	EE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	11/01/2007
EXAMIN	ER	ART UNIT	CLASS-SUBCLASS			
PIERRE LOUIS, ANDRE		2123	703-006000			
<ol> <li>Change of correspondence CFR 1.363).</li> </ol>		•	2. For printing on the			
Change of correspond Address form PTO/SB/I	dence address (or Char 22) attached.	nge of Correspondence	or agents OR, alternati	• .	Sterne, k	Kessler, Goldstein & Fox
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3. ASSIGNEE NAME AND					······································	
PLEASE NOTE: Unless recordation as set forth in	s an assignce is identi n 37 CFR 3.11. Comp	fied below, no assignee letion of this form is NO	data will appear on the p T a substitute for filing an	atent. If an assignee	is identified below, the d	ocument has been filed for
(A) NAME OF ASSIGN	IEE	,	(B) RESIDENCE: (CITY	and STATE OR COU	JNTRY)	
Please check the appropriate	e assignee category or	categories (will not be pr	rinted on the patent) :	Individual 🗆 Corpo	oration or other private gro	oup entity Government
4a. The following fee(s) are  X Issue Fee	submitted:	. 41		Please first reapply any previously paid issue fee shown above)		
Publication Fee (No s	small entity discount pe	ermitted)	A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.			
Advance Order - # of	f Copies 3	<del></del>	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-0036 (enclose an extra copy of this form).			
<ol> <li>Change in Entity Status</li> <li>a. Applicant claims Status</li> </ol>	MALL ENTITY status	s. See 37 CFR 1.27.	b. Applicant is no lon	ger claiming SMALL	ENTITY status. See 37 Cl	FR 1.27(g)(2)
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Authorized Signature			Date November 1, 2007			
Typed or printed name Robert Sokohl			Registration No. 36,013			
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